

Background and introduction

- Established in 1994 by the late Mr. Srichand P. Hinduja and members of the Indian diaspora, IndusInd Bank has emerged as a trusted and inclusive financial institution serving individuals, businesses, public sector entities, and development partners across India.
- The Bank is committed to delivering a seamless, efficient, and technologyenabled customer experience while staying anchored in the principles of responsible and sustainable banking. Its operations are closely aligned with Environmental, Social, and Governance (ESG) frameworks, underscoring a long-term commitment to ethical conduct and social impact.
- Guided by its vision "to be trusted, valued and respected for our financial, environmental and social performance," the Bank places inclusivity at the core of its initiatives. It actively champions equity by facilitating access and participation for underrepresented groups, particularly women, persons with disabilities, and economically marginalized communities.





About the study

Grant Thornton Bharat LLP (GTB) was engaged by IndusInd Bank to conduct impact assessment studies for its CSR Projects. The assessment was conducted in 2024.

The scope of work for the assignment included:

- 1. To assess the achievement of outcomes committed under the project MoU
- 2. To confirm the activity reports & utilization certificates provided to donors using available means of verifications.
- 3. To assess the project impacts and sustainability of benefits generated.
- 4. Document relevant success stories and challenges.



About the Project

- Sri Sathya Sai Health & Education Trust Pediatric Cardiac Care Initiative is a life-saving healthcare programme aimed at reducing infant and child mortality caused by congenital heart disease (CHD) in India. Microfinance Executive,
- The programme provides completely free, high-quality paediatric cardiac treatment to children from economically disadvantaged backgrounds who are unable to afford the cost of care.
- CHD is the most common birth defect in India, affecting over 240,000 children annually, with nearly 25% not surviving due to delayed diagnosis, lack of access to care, and financial constraints.
- By removing financial barriers and strengthening healthcare access, the programme plays a critical role in saving lives and improving long-term health outcomes for children across India. The project was implemented in Maharashtra, Haryana, Chhattisgarh

Objectives of the project

- ✓ Providing timely, accessible, and free pediatric cardiac care to children from economically weaker sections.
- ✓ Promoting early detection and diagnosis of CHD through community-based screening and outreach.
- Raising awareness and understanding of CHD among underserved populations.
- Strengthening collaboration with public health systems to ensure integrated and sustainable care delivery



Methodology

- The aim of the study was to assess the activities, outputs and impact of the projects through discussions with relevant stakeholders. The study also documented the stakeholder's perception and feedback on the outcomes and impact of the project. Additionally, it also focused on capturing their suggestions for improvement.
- The study was conducted through a pre-defined approach to assess the outcome/ impact of the project on the beneficiaries. Mixed methodology was use for the study including both qualitative and quantitative techniques of data collection and analysis.
- The study followed the OECD-DAC indicators which helped understand the project holistically and focuses on six (06) key principles

Stage 4 Stage 6 Stage 1 Stage 2 Stage 3 Stage 5 Understand project · Undertake visit to · Collect feedback and · Clean and sanitize Prepare and submit Analyze and validate context and relevant document findings draft report for documents basis each location for the data collected aspects through checklist prepared data collection using discussion To ensure unbiased Analyze data and set discussions and relevant tools Revise and finalize reviews from linkages between Hold discussion with document reviews frameworks and Document videos and beneficiaries, local various aspects client on draft report Identify beneficiary tools, draw final for feedback and photos consultant conducts Document the sample to be covered sampling random sampling to comments Undertake 360observation basis validate data Develop data Orient team along degree review of checklist Address comments collected during pilot collection tools with project team for work including and feedback in final field visit conducting FGDs, report discussions, Hold discussion with interviews and field the client on final insights report



Key findings

Key findings

Social profile

Age of the respondents

Less than 1 year – 27%

1 to 5 years – 41%

6 to 10 years – 21%

11 to 20 years – 10%

More than 20 years – 1%

Gender profile of respondents

Female - 54%

Male – 46%

41% of the parents are daily wage labourers and 27% of them are working in the agriculture sector. Some of them are employed with the private and government agencies.



- Addresses CHD in India (2.4-3 lakh children/year), 10% severe
- Primarily supports low to middle income families (70% earn < 3 lakh/year)

Effectiveness

- 97% received essential training for postdischarge home care
- 100% were provided food and dormitory accommodation. Hospital clinic delivery system maintains high standards, earning strong patient satisfaction

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Sustainability

• **Structured follow ups** at 0,1,3,6, and 12 months post-surgery **99%** found post care easy to manage



- 99% chose the program for zero cost treatment
- **76%** rated doctor quality as excellent
- 99% faced no service access challenge
 Counselling tailored to patient

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Impact

- 26% earned 1-3 lakhs/post recovery
 14% saved over 5 lakhs
- Daily wage workers resumed jobs quickly
- IMR decreased, resulting in 1,231 lives saved over three years

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Coherence

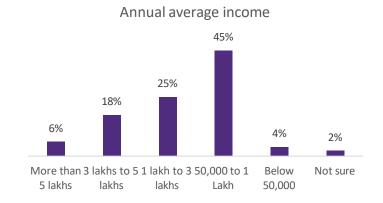
 The project aligns with national initiatives like the Rashtriya Bal Swasthya Karyakram (RBSK)

Relevance

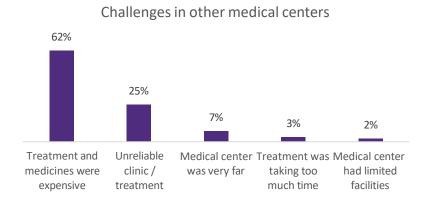


Post-surgery ward, Navi Mumbai

The programme addresses a critical need in intervention areas by tackling the pressing issue of limited access to to timely and affordable treatment for congenital heart disease in infants



- Majority of respondents (55%) possess BPL (Below Poverty Line) cards, indicating relevance of providing free of cost medical services for their children born with congenital heart diseases.
- 45% of respondents have an average annual family income between INR 50,000 and 1 Lakhs, and 25% between INR 1 lakhs and 3 lakhs.



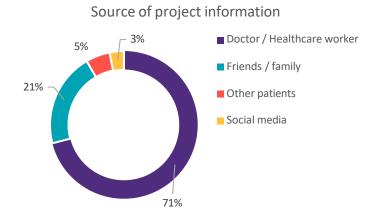
- Across India, there are fewer hospitals and doctors, and the surgeries are expensive. Among those who had gone to other hospitals, 46% of them had spent between INR 16,000 and 50,000 and about 8% spent more than INR 1 Lakhs on the treatment.
- 62% of them faced challenges related to expenses incurred due to treatment and medicines. Some of them felt the medical centers were far away and had limited facilities, or the treatment was taking too much time.

Effectiveness



Sri Sathya Sai Sanjeevani Hospital, Navi Mumbai

The programme has proven to significantly benefit infants from underserved communities by providing timely, life-saving cardiac surgeries and comprehensive care.



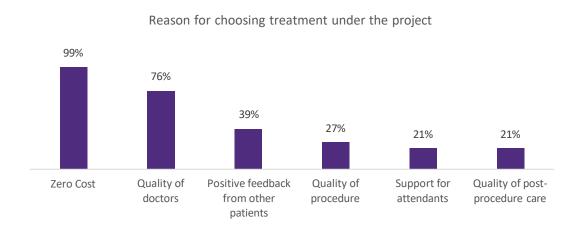
- 71% of the respondents stated that they were introduced to the project by doctors or healthcare professionals. 21% also came to know about the project by friends and family.
- 100% of beneficiaries received free treatment, accommodation, and food support, easing financial stress on families
- 97% attendants stated that they were provided necessary information and training for home care, before discharge.

Efficiency



Hospital premises, Navi Mumbai

By integrating specialized pediatric cardiac care, zero-cost treatment, and coordinated support services, the programme delivers life-saving interventions efficiently.



- The programme achieved a 98.5% success rate, ensuring effective treatment and recovery for CHDaffected children.
- **99% of them chose this for its zero-cost.** 76% of them stressed that quality of doctors was exceptionally good. This indicates that the project was implemented efficiently to deliver good quality medical services.
- 99% of respondents faced no challenges.

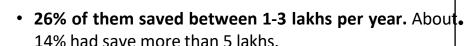
Impact

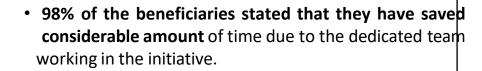


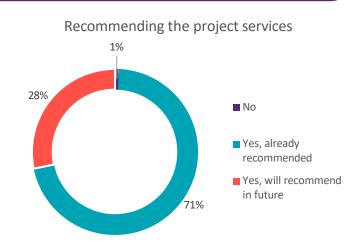
Hospital reception, Navi Mumbai

The high levels of trust among families, timely access to critical pediatric cardiac care, and the hospital's commitment to zero-cost treatment all underscore its profound impact on the health, hope, and future of children born with congenital heart disease among underserved communities.









71% had already recommend the project to their friends and family, who required such medical services for their children. 28% would recommend the project if need arise to anybody in their network

The Infant Mortality Rate (IMR) has decreased by **0.0001%**, resulting in **1,231** lives saved over three years. With **1,44,000** infants requiring heart procedures annually in India

Coherence



Post surgery ward, Palwal

The programme demonstrates coherence with national health priorities and regional development goals by aligning with initiatives like the Rashtriya Bal Swasthya Karyakram (RBSK)

- The project effectively combines medical intervention, post-operative care, and long-term patient support, creating a seamless continuum of care.
- It aligns with the objectives of the **Rashtriya Bal Swasthya Karyakram (RBSK)**, supporting early detection and treatment of CHD in children.
- Through MoUs with multiple state governments, the program ensures streamlined referrals and outreach, enhancing its integration with public health systems.

The zero-cost model complements existing government financial support programs, reducing the economic burden on families.

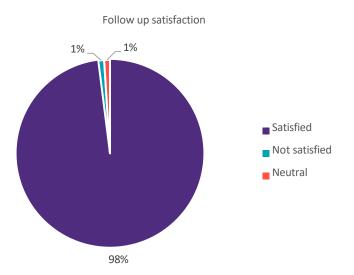
• Operating across states like Maharashtra, Odisha, and Uttar Pradesh, the initiative fits well within broader healthcare strategies and **strengthens regional healthcare delivery networks**.

Sustainability



Hospital staff, Navi Mumbai

The combination of specialized medical expertise, long-term patient care, and strong partnerships with government ensures that the programme's positive impact on child health and family well-being will sustain over the long term.



- 99% respondents said that it was easy to follow post-procedure care at home for faster recovery. Further, 98% of respondents affirmed that the hospital staff followed up with them after release.
- 98% of the beneficiaries said that they were satisfied with the follow up care provided to the patients, through telephonic or in-person care.
- To all the patients, a **Gift of Life Certificate** is awarded post-surgery as a token of their successful treatment.

SROI Analysis

- Social Return on Investment (SROI) analysis helps to measure and account for change, with respect to social, economical & environmental outcomes that are relevant to the stakeholders
- It enables a ratio analysis of benefits to costs incurred, making it easier for an organization to communicate the overall value of their projects to external stakeholders
- To establish the impact, the cumulative monetized value of impacts was adjusted against the deadweight, displacement, attribution and drop-off factor

SROI result	
SROI	Net Social Value Created / Investment
Total Investment	INR 18,00,00,000
SROI Ratio	1.73



Recommendations

To further strengthen the programme and ensure its long-term impact, GT team proposes the following recommendations:

- Data Management: Tracking KPIs and ensuring efficient data storage, analysis, and management would not only streamline
 monitoring but also create a valuable repository for future reference. Archiving the data for building narratives could be
 particularly powerful for showcasing impact, identifying trends, and making informed decisions.
- Additional follow up: This project had the critical component of post-surgery follow up which was an included in the
 project design. It was noted that a few beneficiaries were difficult to track after getting discharged. This could be due to the
 migratory nature of the jobs held by their parents or caretakers. Some unique ways of staying in touch with beneficiaries
 could be explored. Focused effort in ensuring all beneficiaries received post-surgery care could be considered.



